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PEOPLE'S ADVOCATE FOR CHILD'S RIGHTS

THEMATIC REPORT

OBSERVANCE OF THE CHILD'S RIGHTS WITH MENTAL DISORDERS

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ABBREVIATIONS

CPA	Central Public Administration
LPA	Local Public Administration
PACR	People's Advocate for Child's Rights
CMHC	Community Mental Health Centre
CRC	UN Convention on the Rights of the Child
C/GC/9	General Comment No. 9
NHIC	National Health Insurance Company
YFHC/YK	Youth Friendly Health Centres /Youth Klinic
UN	United Nations
PAO	People's Advocate Office
YFHS	Youth Friendly Health Services
UNICEF	United Nations International Children's Emergency Fund

INTRODUCTION

This topic is of particular interest in the field of child rights in terms of the legal principle and the social principle. The Republic of Moldova acceded to the Convention on the Rights of the Child in 1993, adopted by the United Nations General Assembly on November 20, 1989[1]. In accordance with the Convention on the Rights of Persons with Disabilities[2], the conventional framework provides for the protection of children and ensures access to care and social inclusion of children, including those with mental, intellectual and sensory disabilities.

Children with mental disabilities are doubly vulnerable, primarily because of their age and psycho-somatic characteristics and because of their disability, to which can be added stigma, neglect, physical and sexual abuse and physical exploitation. At the same time, the burden of mental illness has also increased due to the impact of the COVID-19 pandemic. A global survey on mental health for 2019 estimates that more than 125 million people in the European region are affected by mental illness (including depression, anxiety disorders, psychotic states, developmental and behavioural disorders in children and adolescents), which corresponds to 13% of the population[3]. Similarly, the study estimates that of all the years in which the disability segment (DALYs) was analysed, 15% were due to mental illness. In addition, a total of 119 000 people lost their lives by suicide, a large number of whom are young people.

COVID-19 caused a crisis with its equivalents of global and individual preparedness with regard to the somatic and psychological consequences. The incidence curve through mental illness took an upward turn through an increase in the number of people experiencing anxiety and depression through insecurity related to isolation, lack of communication, travel restrictions, absence from work, closure of schools and other institutions. Following the impact of the pandemic on unfavourable mental health indicators prior to the pandemic and the worsening situation in terms of young people's socio-emotional functioning, increasing factors for worsening mental health conditions have led to a review of policies on mental health and well-being recovery.

METHODOLOGY

The methodology on observance of the children's rights with mental illnesses focused on the examination of the international normative framework, the transposition of international standards into national legislation, the national and regional epidemiological and statistical situation regarding children with mental illnesses, visits to specialized services for children with mental illnesses, examination of references in national strategies and policies regarding the situation of children with mental illnesses, evaluation of normative acts regulating the provision of services to children with mental illnesses.

[1] https://www.unicef.org/moldova/media/1401/file/Conventia-cu-privire-la-drepturile-copilului.pdf
[2] https://www.legis.md/cautare/getResults?doc_id=117839&lang=ro
[3] WHO European Framework for Action on Mental Health (EFAMH), covering the period 2021–2025

Chapter I. Assessment of the international framework for the protection of children with mental illness

"There is no more sacred trust than the trust people give to children. There is no greater responsibility than to ensure that their rights are observed, their welfare protected, their lives free from fear and deprivation, and that they can grow up in peace." **Kofi Annan, former UN Secretary General**

Children's rights are the rights of all people under the age of 18. Their purpose is to protect children and young people: they must be treated and respected as human beings, enjoying full access to the human rights that are granted to all. However, children's rights also recognise that their vulnerability, a consequence of their young age and lack of maturity, requires us to pay particular attention to the special protection and care needs of children[4].

The right of the child to health[5] (General Comment No. 14 (2013) on the right of the child to have his or her best interests given priority [Article 3 paragraph 1]):

"The child's right to health and the state of his or her health are central to the assessment of the best interests of the child. However, if there is more than one possible treatment for a condition, or if the outcome of a treatment is uncertain, the benefits of all possible treatments must be weighed and balanced against all possible risks and side-effects, and the views of the child must also be given due weight in accordance with the child's age and maturity. To this end, children should be provided with appropriate and tailored information so that they understand the situation and all relevant aspects related to their interests and should be allowed, where possible, to give their informed consent.

For example, concerning the health of adolescents, the Committee stated that States parties have an obligation to ensure that all adolescents, both in-school and out-of-school, have access to adequate information essential to their health and development in order to make appropriate choices about behaviour related to health. This should include information on tobacco, alcohol and other substance use and abuse, diet, appropriate information on sexual and reproductive health, the dangers of early pregnancy, HIV/AIDS and sexually transmitted disease prevention. Adolescents with psychosocial disorders have the right to be treated and cared for in their community, as far as possible. If hospitalisation or placement in a residential institution is necessary, the best interests of the child concerned must be considered before a decision is taken, while respecting the views of the child; the same considerations apply to younger children. The child's health and the possibilities for treatment may also be taken into account in the assessment and determination of best interests for other important decisions (e.g. granting a residence permit on humanitarian grounds)[6]."

The right to health is guaranteed by the UN Convention on the Rights of the Child, Article 24: "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties

[4] https://rm.coe.int/16806b7ee8
[5] http://ier.gov.ro/wp-content/uploads/2021/12/ONU-CRC-C-GC-14-RO.pdf
[6] http://ier.gov.ro/wp-content/uploads/2021/12/ONU-CRC-C-GC-14-RO.pdf

shall strive to ensure that no child is deprived of his or her right of access to such health care services." Article 23 also states, "States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community." In line with the UN Convention on the Rights of Persons with Disabilities, which states "States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability", it guarantees not only access to health services, but also the provision of specific needs to enjoy the same rights to live in the community.

The People's Advocate for Child's Rights stresses that guaranteeing the right to health for all children means that they must have access to the health services they need, when and where they need them, without suffering from financial or other impediments. No child should suffer and die because they are poor or because they cannot access the health services, they need. Health is also clearly determined by observance of other fundamental human rights, including access to safe drinking water and sanitation, safe and healthy food, adequate living conditions (housing), education, safe living and working conditions. The right to health also means that everyone must have the right to control their own health and body, with access to information on sexual and reproductive services, free from violence and discrimination. All children have the right to health and must be treated with respect and dignity.[7]

The World Health Organization redefines the need for a comprehensive and timely response in addressing mental health conditions. Thus, the report "World mental health report: transforming mental health for all" states that millions of people in the world suffer loneliness, have their rights violated and are negatively affected in their daily lives". At the same time, it is estimated that around 8% of young children (aged 5-9) and 14% of adolescents (aged 10-19) are living with a mental illness, and half of adult mental illnesses develop from the age of 14, while ¾ develop by the age of 24.[8]

By the age of 5, 1 out of 50 children is affected by a developmental disorder and 1 out of 200 children develops an autism spectrum disorder.

UNICEF's report "The State of the World's Children 2021: On My Mind - Promoting, protecting and caring for children's mental health[9]" highlights that there are multiple barriers to promoting, protecting and caring for children's and adolescents' mental health. The major barriers are systemic and result from ***insufficient funding*** and ***governance***, ***intersectoral coordination*** and ***specialists in the field***.

The Committee on the Rights of the Child provides in General Comment No. 15[10] (2013) for the right of the child to enjoy the highest attainable standard of health (art. 24): 13. The Committee urges States to place the best interests of children at the centre of all decisions affecting their health and development, including the allocation of resources and the design and implementation of

[7] http://ombudsman.md/wp-content/uploads/2018/10/raport_copil_2017def.pdf
[8] file:///C:/Users/User/Downloads/9789240049338-eng%20(1).pdf
[9] https://www.unicef.org/media/114636/file/SOWC-2021-full-report-English.
[10] http://ombudsman.md/wp-content/uploads/2020/12/Nr.-15-.pdf

policies and interventions affecting the determinants of their health. For example, the best interests of the child must:

(a) indicate treatment options, replacing economic considerations where possible;
(b) help resolve conflicts of interest between parents and health professionals;
(c) influence the development of policies to regulate actions that impede the physical and social environment in which children live, grow and develop.

Chapter II. Assessment of the legal framework and national policies

In this context, the given report is to use a systematic analysis of the approved national laws, regulations and policies aimed at developing institutions and toolkits for children on the right to health and social inclusion.

In the Republic of Moldova, the state guarantees every child the right to a standard of living appropriate to his/her physical, intellectual, spiritual and social development. The State takes action to provide support to parents and other persons responsible for the upbringing and development of children[11] in accordance with Law No. 338 of December 15, 1994 on the rights of the child. Although the law ensures equal rights for children regardless of race, nationality, ethnic origin, sex, language, religion, beliefs, wealth or social origin, there is nevertheless a specific intervention for children with physical or mental disabilities in art. 24 of the Law, which refers to a distinct category requiring a different approach.

Protection of children with mental illness is not specified in national legislation. The rights of children are ensured on general principles without distinction. The Law on Mental Health No. 1402-XIII of 16.12.97 refers only in one article to minors, so that *"minors suffering from mental disorders enjoy all the rights and freedoms of citizens provided by law. The placement of minors in mental health institutions provides for the benefit of minors and persons declared incompetent hospitalized in psychiatric wards of habitual areas separate from adults and of a secured environment adapted to the age of minors and their developmental needs*"[12]. From the law's regulation, "*examination at the request or with the consent of their legal representatives*", it can be inferred that minors and persons declared incompetent are associatively detached from their rights.

Taking into account the provisions of the United Nations Convention on the Rights of Persons with Disabilities of 2010, the adoption of the European Action Plan on Mental Health, the European Declaration on the health of children and young people with intellectual disabilities and their families "Better health, better life: children and young people with intellectual disabilities and their families", the Government approves the National Programme on Mental Health for 2017-2021 and the Action Plan for its implementation[13]. Referring to the statistics for 2015, the prevalence of mental and behavioural disorders in absolute figures shows 150 843 registered persons, out of which **12753 (8.5%) are children**, representing an alarming share of mental pathology in children.

[11] https://www.legis.md/cautare/getResults?doc_id=17346&lang=ro
[12] https://www.usmf.md/sites/default/files/2020-01/62.%20Lege%20privind%20s%C4%83n%C4%83tatea%20mental%C4%83.pdf
[13] https://www.legis.md/cautare/getResults?doc_id=100948&lang=ro

At the same time, the number of people, especially children, affected by mental illness is far from the real number due to low referral to mental health services. The lack of specialised services and the motivation to seek them means that there is stigmatisation and insufficient knowledge about early detection of mental illness.

The official statistics of the Republic of Moldova have highlighted the main landmarks that outline the trends of suicide and suicide attempts. Three ministries collect the data: the Ministry of Internal Affairs, the Ministry of Health and the Ministry of Justice, but the collection mechanisms are different, which causes discrepancies in the existing data. According to some of these data, suicide accounts for 20.3% of deaths in the Republic of Moldova and 7.8% (16.7% in urban areas) of child deaths.

A considerable percentage of children are under the supervision of relatives due to the emigration of their parents abroad, lacking protective parental role models. This shows the lack of specific programmes aimed at training young parents' behaviour and preventing mental illness. The deficiency of doctors in the community services is mainly related to child psychiatrists. In the republic, 15.5 salaries are occupied by child psychiatrists. In 12 districts, there is a general lack of these specialists, and in 4 districts they work on only 0.25 salary. At the same time, the Action Plan only provides for "*Organising the network of mental health services according to the needs of people with mental disorders and ensuring accessibility to safe, quality mental health services for adults and children throughout life at all levels of health care"* and "*Establishing regional specialised services for children with mental health problems: early intervention centres and specialised treatment centres for children with autism spectrum disorders*".

According to the Report of the National Bureau of Statistics "*Persons with disabilities in the Republic of Moldova in 2020"*, the main cause of disability for children was mental and behavioural disorders (26.2%).

In approaching the situation of children with mental illnesses, a discrepancy between certain spheres of activity of social services, medical services, and local public authorities is outlined with reference to the case of a child depending on the prevailing stereotype regarding mental illness. In many cases, children who display deviant, aggressive or defiant behaviour towards adults or other children as a result of pedagogical and moral education measures end up being marginalised by psychiatric services because of the unsatisfactory outcome of the measures taken by the authorities. Thus, it follows that mental illness does not present the disadvantaged situation faced by the child or his/her family, but is the response and solution from the authorities regarding the functional impotence of the services. The path of a child with mental illness is a difficult one and lacks the prospect of social inclusion. The problem seen as a whole lies in the prevailing stereotype of the uncertain nature of mental illness.

Chapter III. Access to primary and specialized outpatient medical assistance

"Children have the right to quality health services, including prevention, promotion, treatment, rehabilitation and palliative care. At the primary level, these services must be available in sufficient quantity and quality, functional, within the physical and financial reach of all child beneficiaries

and acceptable to all. The health care system should not only provide medical assistance, but also report information to the relevant authorities on cases of rights violations and injustice. The secondary and tertiary level care should also be provided, as far as possible, with functional referral systems linking communities and families at all levels of the health system." (General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24))

According to the Law on Compulsory Health Insurance No. 1585 of 27-02-1998, the Government is the insurer for the following categories of non-employed persons residing in the Republic of Moldova and registered with the competent institutions of the Republic of Moldova, specified in paragraph (9)[14], except for persons obliged by law to be insured individually:

(a) children up to the age of 18;

Primary medical assistance shall be provided to children by the family doctor and specialists in specialized outpatient medical services. Primary health care has a role in the early detection of mental illnesses and the referral of patients to community centres in the area where the patient lives. Subsequently, people suffering from mental illness can contact their family doctor for the prescription of compensated medication or other concomitant illnesses.

Community Mental Health Centres

"D. Multidisciplinary care

58. Children with disabilities often have multiple health problems that need to be addressed in a team approach. Very often, many professionals are involved in the child's care, such as neurologists, psychologists, psychiatrists, orthopaedic surgeons and physiotherapists in particular. Optimally, these professionals should collectively identify a management plan for the child with a disability that ensures the most effective care." CRC/C/GC/9

Within primary medical assistance, Community Mental Health Centres (CMHC) are established. The health system has a network of 40 centres as of 2017. Community centres are found as a link between psychiatric hospitals and other community services. Community centres are founded within primary medical assistance institutions at district and municipal level. All centres are contracted by the National Health Insurance Company (NHIC) through the global budget formula. The community centres have a methodology and quality standards for the services provided. At the basis of the methodology is the use of case management and the provision of consultative medical assistance, treatment and psychosocial rehabilitation services, support and social inclusion. The work of the community centres is based on a multidisciplinary team of specialists. The multidisciplinary therapeutic team is composed of psychiatrists, psychotherapists, psychologists, social workers, psychiatric nurses and other staff, depending on the activities carried out and the specific sector served.

[14] https://www.legis.md/cautare/getResults?doc_id=113243&lang=ro

The centre ensures cooperation with other services and institutions necessary for patients with mental disorders, such as primary health care, psychiatric hospitals, specialized outpatient medical assistance, forensic medicine, temporary or protected shelters, protected workshops, medical vitality expert council, local social assistance, education, health sections/directorates, etc.

At the same time, community centres face a shortage of staff, particularly in rural areas. Staff for all psychosocial rehabilitation activities is not available in the centres as required by the regulations. Specialists in occupational therapy are not included in the nomenclature of specialties and do not have special training in the reference field. The social worker covers a wide field, but has no specific duties in examining and carrying out the tasks assigned to him/her in the multidisciplinary team. In particular, the social worker is duplicated to some extent by the local social welfare service. As regards psychologists, the profile of the speciality is currently not clearly defined. Also, in rural areas, it is difficult for patients to travel from the locality to the centre and referral is left to patients who are geographically closer to the centre. The majority of referrals are for consultative services and prescription of medicines. Not all centres have the necessary facilities to provide psychosocial rehabilitation activities. To the extent that psychosocial rehabilitation aims at independent living and living in society, the role of the centres fails at the level of socio-professional inclusion. At present, there is no methodology for a comprehensive approach to the situation of the child with mental illness and a tool for the interaction of all relevant actors to ensure the best interests of the child regarding family life and community integration. A lack of overview leads to the placement of the child with mental illness in the sphere of medical services, ignoring other aspects of his or her fundamental rights. Thus, in the case of the minor C.V. from a rural community, the failure of the local public authorities, which by law is the guardianship authority, to manage the situation of the child from a socially vulnerable family, led to his institutionalisation in a psychiatric medical institution (Psychiatric Clinical Hospital), simply because of the lack of an easy solution to the detriment of the child's will and best interests. The mayor of this locality, through "noble" but insufficient actions, has declared that the existence of placement centres (boarding schools) is a beneficial issue, because this is how difficult and problematic cases can be solved for the "community". In essence, the presence of medical, social, educational, public order, etc. services at community and district level have failed to facilitate the integration of the child into the community and family, the only solution being institutionalisation. The fragmentation of the provision of services, the lack of a clear methodology, the lack of professionals, the lack of interest on the part of the actors involved make the actions of the authorities ineffective and defy the fundamental rights of children and their best interests.

In conclusion, following General Comment No. 9 (2006) on the rights of children with disabilities: "11. Paragraph 1 of article 23 should be considered as an essential principle for the implementation of the Convention in relation to children with disabilities: the enjoyment of a full and decent life in conditions, which ensure their dignity, promote their independence and facilitate their active participation in the life of the community. Measures taken by States Parties with regard to the realisation of the rights of children with disabilities should be directed towards this goal. The basic message of this paragraph is that children with disabilities should be included in society. Measures taken to implement the rights contained in the Convention in relation to children with disabilities, for example in the areas of education and health, should explicitly aim at the maximum inclusion of children with disabilities in society.", the interaction of state institutions and public authorities with children with intellectual disabilities leads to a result opposite to the essential principle stated.

Youth Friendly Health Centres

"E. Adolescent health and development

59. The Committee notes that children with disabilities face multiple challenges and risks, particularly during adolescence, in the areas of peer relationships and reproductive health. The Committee therefore recommends that States parties provide adolescents with disabilities with appropriate and, where appropriate, disability-specific information, guidance and counselling and take fully into account the Committee's General Comments No. 3 (2003) on HIV/AIDS and the rights of the child and No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child." (CRC/C/GC/9)

One of the key achievements of the health sector in the field of youth health protection has been the establishment (in 2002-2003) and expansion of the network (2011-2018) of Youth Friendly Health Centres (41 Youth Klinic network) in all districts and municipalities of the country. The YFHC/YK network is a component part of the existing primary health care, funded by the NHIC since 2008. By 2019, YFHC/YK provided a coverage rate with YFHS of 28.3% for the young population aged 10-24 years.

As a result of the expansion process of the YFHS, 41 Youth Friendly Health Centres (Youth Klinic) are currently operating in all districts and municipalities of the country. In all 41 YFHC/YK, more than 250 specialists experienced in health problems faced by young people (psychologists, social workers, gynaecologists, urologists-andrologists, dermato-venerologists, HIV/AIDS counsellors) work. The YK network addresses in its consultative and educational-methodical work all priority issues for YFHS - sexually transmitted infections, including HIV; early and unwanted pregnancies; mental health problems as a result of psychoactive substance use; psycho-emotional and personality disorders; health problems as a result of violence; nutritional disorders and deviations in pubertal development. The YK centres focus their services on the young population aged 10-24 years, with a particular focus on ensuring access to services for vulnerable young people, especially those with special needs, HIV-infected young people and those from groups at high risk of infection, and adolescents without parental care and those from socially vulnerable families.

At the same time, the expert report following a situation analysis mission (June 26-30, 2017) on youth mental health in Moldova, in particular emergency interventions in cases of suicide and self-harm, with policy recommendations and an overview of programme options[15] concluded that "Three categories of weaknesses of the existing system were identified: lack of training for specialists, low degree of integration and sensitivity of the system, and lack of data.

[15] file:///C:/Users/CCSM/Downloads/20170926_Raport-final_RO_layout.pdf

The main consequences of these shortcomings are lack of coordination and clumsy responses to emergencies. These consequences, with potentially significant and long-lasting detrimental

impact, are particularly severe at community level." The report states that "due to the fact that there is no national law or association regulating the profession of psychology, practitioners in this field are insufficiently trained, especially when it comes to emergency situations." The training of qualified specialists in the field is an important milestone in achieving the proposed goals in providing the necessary services to children affected by mental illness. Inadequate training of specialists can be seen as an impediment **to the child's right to the best standards of treatment.**

Chapter IV. Hospital medical assistance

"It is important to stress that health services should be provided within the same public health system that provides for children without disabilities, free of charge, whenever possible and as up-to-date and modernized as possible. The importance of community care and rehabilitation strategies should be emphasised when providing health services for children with disabilities. States Parties should ensure that health professionals working with children with disabilities are trained to the highest possible standard and practice a child-centred approach. In this regard, many States Parties would greatly benefit from international cooperation with international organisations as well as other States Parties." (CRC/C/GC/9)

The provision of specialised care for children with mental illnesses is carried out in children's wards, which are located in only two hospitals (the Clinical Psychiatric Hospital and the Balti Psychiatric Hospital). The statistical data show that the level of hospitalization is decreasing over the years from 1.8/1000 (2016) children of the same age to 0.8/1000 children (2020). For the year 2021 a total of 553 children were hospitalized with an average length of hospitalization of 15.3 days. There is a significant decrease from 2018, when the average duration of hospitalization for children was 44.5 days (source: Statistical Yearbook of the Moldovan Health System 2019[16]).

The physical assessment of psychiatric hospital institutions reveals that in child psychiatric wards the conditions for providing specific medical services are not fully ensured. At present, there are no minimum quality standards for inpatient psychiatric services for children, adapted to their needs. This makes it difficult for the managers of the institution to organise the children's wards, procure all the necessary materials, train the medical staff to provide quality services to children adapted to their needs and respecting their dignity and physical integrity.

Following the visits carried out, it was found that the minors' hospitalization itself was done formally, by referral from the psychiatrist in the outpatient clinic, who did not mention the measures taken in the community centre to avoid hospitalization.

[16] https://drive.cloud.gov.md/index.php/s/ksctWJqXnstjRRW?dir=undefined&path=%2F3.ANUARE%20%20STATISTICE%20%20AL%20%20SISTEMULUI%20%20DE%20%20S%C4%82N%C4%82TATE%20%20DIN%20%20MOLDOVA%2FSanatatea%20publica%20in%20Moldova%202019&openfile=113414

Following the examination in the inpatient ward, the examination is carried out in the children's ward with the signature of a parent or legal representative, without the child expressing an opinion, in accordance with the Law on the Rights of the Child[17]. Or in the case of a child at risk, the guardianship authority expresses consent without exposing the child's personal file and discussing

the child's situation and respecting the best interests of the child. Although it is one of the basic principles recognised by the Member States signatories to the Convention, the General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health expressly states: "E. The right of the child to be heard 19. Article 12 emphasises the importance of children's participation, giving children the opportunity to express their views and to take those views seriously, in accordance with their age and maturity. This includes their views on all aspects of health provision, including, for example, what services are needed, how and where they are best provided, barriers to accessing or using services, the quality of services and the attitudes of health professionals, how to strengthen children's capacities to take greater responsibility for their own health and development, and how to involve them more effectively in the provision of services as educators of peers", in practice, the paternalistic attitude of health professionals towards children does not apply and prevails.

The conditions of stay are precarious without observing the rules for ensuring privacy. Within the wards, there are multi-bedded supervision rooms where both girls and boys can be held. The wards are not separated by age or gender, which violates the right to privacy. In the children's wards, persons under the age of 18 who have committed serious offences are detained under medical restraint. These detected moments can endanger the safety and lives of other children.

At the same time, the wards are equipped with space for occupations, but there is no psychosocial rehabilitation plan or a methodology for examining rehabilitation needs in the functionality plan. Psychologists and educators are present in the ward, who carry out some art therapies and play therapy activities, which do not always correspond to the real needs of the children.

Chapter V. Specialised social services

Day care centre for children at risk is a public or private social assistance institution providing specialised social services for day care of children at risk, with a view to their social and family (re)integration and to prevent separation of children at risk from their family environment. The Centre operates on the basis of the Framework Regulation on the organisation and functioning of the social service Day Care Centre for Children at Risk and minimum quality standards.

Day centre for children with disabilities is a public or private social assistance institution providing day services for the recovery/rehabilitation of children with a view to their social (re)integration, as well as for the prevention of separation of children from their family environment and social exclusion.

[17] https://www.legis.md/cautare/getResults?doc_id=17346&lang=ro

The day centre for children with disabilities provides the following services:

- services to develop cognitive, communication and behavioural skills;
- recovery/rehabilitation services;
- support for educational inclusion;
- counselling for family members/carers;
- free-time activities;

- food;
- professional guidance;
- daily transport;
- home-based rehabilitation services (where appropriate).

A placement centre for children separated from their parents is a public or private social assistance institution providing specialised social care services for children separated from their parents for a fixed period. The placement centre operates on the basis of the Framework Regulation on the organisation and functioning of the social service Placement centre for children separated from their parents and the minimum quality standards.

Highly specialised social services

Highly specialised social services are services provided in a residential institution or a specialised temporary placement institution, which require a range of complex interventions that may include any combination of specialised social services, provided to highly dependent recipients requiring continuous supervision (24/24 hours). This type of service is recommended to be provided in the last instance when community resources are ineffective. In the Nomenclature of Services, the following highly specialised services for families and children at risk are included:

- Boarding home for children with mental disabilities; currently, temporary placement centre for children with disabilities (Orhei and Hincesti) with a capacity of 700 places. Within the centres there are mainly children with intellectual and locomotor disabilities abandoned by their families.

Although there is a wide range of services in the social sphere, the achievement of the objectives of protecting the rights of children with mental illness is flawed and insufficient.

The number of children with disabilities in institutions has decreased from 85 in 2018 to 45 in 2021 (Figure no.1 in Annexes). However, this decrease was due to 40 children reaching the age of majority. Earlier deinstitutionalisation of children could not be achieved due to the serious health conditions of the remaining institutionalised children and insufficient specialised social services at local level[18].

[18] file:///C:/Users/User/Downloads/RAPORT-DI-2021-FINAL.pdf
The main cause of this situation is the lack of interest and capacity of LPAs to develop community-based social services for people with intellectual and psychosocial disabilities that meet the needs and address cases at local level, thus preventing institutionalisation. The review of placement cases and de-institutionalisation of people with intellectual and psychosocial disabilities who are beneficiaries of residential institutions meets resistance from LPA.

The second aspect concerns the examination on the spot, i.e. in medical and medico-social institutions, the application of legal instruments to help children directly in the exercise of their rights.

Another important aspect concerns the contribution of the family and the community to provide the necessary support for adaptation and social integration. At the same time, social measures/services aimed at the protection, assistance and social integration of children with intellectual and psychosocial disabilities are insufficient, which reduces the possibility and motivation of parents/extended family members to (re)integrate these children into their families and community.

The next aspect would be the implementation of the legislative aspects and the formulation of intervention mechanisms, mentioning first the level of medical institutions that ensure the availability of individually tailored services to deal with each case. The medical system also provides the necessary care for the diagnosis, treatment and prophylaxis of mental illness. Such a multidisciplinary approach is necessary to ensure a protective climate in the community, as close as possible to the family environment.

FINDINGS:

1. The legislation of the Republic of Moldova partly transposes international conventions, which provide for the protection of the rights of children, including children with mental disabilities.
2. The legislation of the Republic of Moldova does not expressly specify regulatory mechanisms to protect the rights of children with mental illness.

3. The problems of children with mental illness are the prerogative of several sectors (medical, social, educational and public order), which intervene sequentially as problems arise.
4. National legislation provides for forms of protection for children at risk from the perspective of family members and does not provide for elements that would guarantee specific protection for children with special needs or mental illness.
5. The medical system places children with mental illness in the remit of community mental health centres or psychiatric hospitals without having the human resources (trained professionals) to assess and intervene according to the individual needs of each child.
6. Youth friendly health centres cover only a minor segment of children and children's mental illnesses, intervening more in the management of psycho-emotional and depressive states without having professionals trained in the field of reference.
7. Social services, although represented by a multitude of services offered, fail to reintegrate and keep children with mental illnesses in their families.
8. Educational services tend to follow the realisation of the concept of inclusive education, although the process remains selective.
9. LPA capacity is decreased by underfunding, insufficient training of staff in the field, reduced interest in the situations of families with mentally ill children, confusing mechanisms of collaboration in providing complex services.
10. Support for families with mentally ill children is insufficient, unjustified and does not correspond to the real needs of actual expenditure.
11. The mechanisms of cooperation between medical, social, educational and other services are not effective without certain intervention algorithms established to achieve the final goal.
12. Psychiatric hospitals do not meet the necessary conditions for the provision of services that meet the needs of children in terms of ensuring protection and promoting social and family inclusion.
13. The State does not provide sufficient guarantees for the mental health of adolescents and children from socially vulnerable families, incomplete families and children with parents who have left abroad, by applying family reunification policies.

RECOMMENDATIONS:

1. Assessment of legislation in terms of providing additional guarantees for children with mental illnesses, including implementation of the provisions of the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities, general comments and recommendations of the People's Advocate for Child’s Rights.

2. Development of guidelines on the provision of qualified assistance to families with mentally ill children, taking into account the principle of "best interests of the child".
3. Reassessing the support offered to families with mentally ill children according to the real needs with decreasing financial burden and offering equal opportunities and chances in development.
4. Capacitating LPA with financial and human resources and effective mechanisms to protect the rights of children with mental illness and their families at local level.
5. Assessment the capacity of psychiatric hospitals to provide specialized services according to the individual needs of children in order to promote self-expression, family reintegration and development of personal skills.
6. Strengthening the capacity of the primary health care system to screen and provide primary health care to families with mentally ill children, especially in areas with difficult access to health services.
7. Strengthening human resource capacity in community mental health centres to provide comprehensive services to children with mental illness.
8. Effective use of collaborative mechanisms between community mental health centres and youth-friendly health centres to reach a wider segment of children and problems with specialised services.
9. Removing barriers between different actors involved in addressing the problems of families with mentally ill children at both local and central level.
10. Bringing legislation into line with international standards for clarity of action in the management of the spectrum of services for children with mental illness.